

**CMS-1500 (revised 08/05)**

Following are interim instructions for filing the new CMS-1500 (revised 08/05) paper claim form during the NPI (National Provider Identifier) contingency period from May 23 – September 30, 2007. When billing on paper to Montana's Healthcare Programs, providers ***must*** continue to use their current Medicaid number during this time and may also include their NPI. NPI numbers are not required until October 1, 2007. The revised CMS-1500 must be used beginning July 2, 2007. Claims submitted on the old form after this date will be returned to providers.

<b>CMS 1500</b>	
Field Number	Definition
10d, 1a, 9a, 11a	Insured's ID number. Needed in one of the four areas
2	Client name
11c, 9d, 11d = y	TPL indicators
17a	Passport number with qualifier '1D' preceding the number
21	Diagnosis code
23	Prior authorization number
24A	Dates of service
24B	Place of service
24C	Emergency indicator
24D	CPT/HCPCS/Modifiers
24E	Diagnosis pointers
24F	Line item charges
24G	Days or units
24H	EPSDT/family planning indicator
26	Patient account number
28	Total claim charge
29	TPL payment
31	Signature and date
33	Billing provider's physical address
33b	Providers must continue to bill with their Medicaid/CHIP/MHSP ID number with qualifier '1D' preceding the number.

The information below is a list of important fields on the new UB-04 claim form. All fields that are not listed are not needed to process a claim for Montana Medicaid. This table will expire 10/01/2007.

### Client Has Medicaid Only

<b>UB-04</b>		
Field #	Field Title	Instructions
1*	Provider's Physical Address	Enter Provider's Physical Address with a 9-digit ZIP.
3a**	Control Number	Client's control used by provider
4*	Bill Type	Enter Billing Code
6*	Statement Covers Period	The beginning and ending service dates of the period included on this bill.
7**	Unlabeled field	Passport (beg w/99) <b>OR</b> Override Indicator (beg. w/alpha character)
8b*	Patient's Name	Enter Client's Name as seen on client's Medicaid information
12-15**	Admission	For inpatient used enter the admission date, hour, type and source
17*	Patient Status	A code indicating client discharge status as of the ending service date of the period covered on this bill.
18-28**	Condition Codes	condition codes that are applicable A4 and B3
42*	Revenue Codes	A code which identifies a specific accommodation, ancillary service or billing calculation.
43**	Revenue Description NDC coding	Enter revenue description Enter NDC if drugs were administered
44*	HCPSC/ RATE/ HIPPS CODE	Outpatient: coding for HCPSC / NDC Inpatient: Not required
45**	Service Dates	Outpatient: Enter dates of service for each line item with revenue code Inpatient: Not required
46*	Service Units	A quantitative measure of services rendered by revenue category to or for the client to include items such as number of accommodation day, miles, pints of blood, etc. Must be appropriate for the procedure code, if listed.
47*	Charges	Enter charges (covered and non-covered) for each line containing a revenue code.
Line 23*	Creating Date	Enter the Date the claim was created (bill date)
50*	Payer Name	Not required if only Medicaid is used
54*	Prior Payments	If applicable
56*	NPI number	Enter billing provider's NPI number
57*	Unlabeled	Enter current Medicaid number
58*	Insured's Name	Enter name of the individual in whose name the insurance is carried
60*	Insured's ID	Medicaid ID of the individual in whose name the insurance is carried.
<b>NOTE</b>	All information related to Medicaid needs to be on the corresponding line (A,B,C) in fields 50, 54, 56, 57, 58, and 60.	
63**	Treatment Authorization	Enter a Prior Authorization number if applicable to the service
67 A-Q*	Diagnosis Code	Enter principal diagnosis code
69**	Admitting Diagnosis	Inpatient: Enter diagnosis identified at the time of hospitalization
72**	EMG	Emergency Code
73**	Unlabeled	Cost Share Indicator
74 a-e**	ICD-9 Procedure Code	Inpatient only: Procedure Codes
76*	Attending Provider	1 <sup>st</sup> box Attending Provider NPI # 2 <sup>nd</sup> ID Qualifier 1D followed by Medicaid ID
77-79**	Operating and Other Providers	Enter NPI in the 1 <sup>st</sup> box. Enter ID Qual. 1D and Medicaid # in second box
81cc	Taxonomy	Enter Billing Providers Taxonomy number.
<b>Signature</b>	<b>Not needed.</b>	<b>UB-04 Does not have an area</b>

\*Required Fields

\*\*Conditional Fields (Required if Applicable)

**Important Dates**

June 1:

ACS only accepts new claim forms for both CMS 1500 and UB-04

Present - Oct 1:

Providers may use both Medicaid and NPI #. Refer to the table to recognize where to add each ID number.

After - Oct 1:

Only new claim forms are accepted.

Only NPI numbers and Taxonomy codes are accepted for billing providers.

Medicaid Only  
Required Fields are Highlighted

1 Take Time Medical Center 104 Time Square Helena, MT 59601-0104		2		3a PAT CNTRL # 4806 b MED REC # Grisw97531 5 FED. TAX NO.		4 TYPE OF BILL 131															
8 PATIENT NAME a Griswold, Clark		9 PATIENT'S ID		9 PATIENT ADDRESS a 1313 Mockingbird Lane, Metropolis, MT 59601-1313																	
10 BIRTHDATE 03/26/30		11 SEX M		12 DATE 02/01/07		13 HR 11		14 TYPE 1		15 SRC 1		16 DHR 01		17 STAT 01		18 19 20 21 22 23 24 25 26 27 28		29 ACDT STATE		30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM THROUGH		37 CODE		38 OCCURRENCE SPAN FROM THROUGH		39		40		41	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		39		40		41		42		43		44		45		46		47		48	
38		3																			

Complete instructions and information are available at:

CMS-1500	<a href="http://www.nucc.org">www.nucc.org</a>
UB-04	<a href="http://www.nubc.org">www.nubc.org</a>
Both	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>

These websites include field definitions and valid data for all fields.